

**LANCASTER COUNTY**  
HEALTH AND DENTAL INSURANCE MONTHLY RATES  
EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005  
FOR \*CORRECTIONAL OFFICERS

**UNITED HEALTHCARE SELECTPLUS VALUE POS**

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$459.22	\$1,033.26	\$1,377.64
COUNTY SHARE	<u>\$459.22</u>	<u>\$ 878.28</u>	<u>\$1,171.00</u>
*EMPLOYEE SHARE	\$ 0.00	\$ 154.98	\$ 206.64

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**AMERITAS DENTAL**

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$ 23.46	\$ 52.98	\$ 82.49
COUNTY SHARE	<u>\$ 23.46</u>	<u>\$ 45.03</u>	<u>\$ 70.12</u>
*EMPLOYEE SHARE	\$ 0.00	\$ 7.95	\$ 12.37

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**EYEMED VISION CARE**

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
EMPLOYEE SHARE	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health/dental/vision coverage. They are:

*Single.* Provides coverage for employee only.

*Two-Party.* Provides coverage for employee and spouse. This option does not provide coverage for children.

*Four-Party.* Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

*Family.* Provides coverage for employee, spouse, and any number of eligible dependent children.

\* Must complete 90 days of employment before employee is eligible for County contribution.